YEAR-END FINANCIAL REPORTS REVIEW

The State Controller's

Office is offering a year-end financial reports review for the Budgetary/Legal and GAAP Basis. These sessions are designed to provide an opportunity to review prior year financial reports and receive updated information on the preparation and submission of the year-end financial reports. The sessions are open to all agencies, boards, commissions, and departments.



Folder Review Sessions

- > Budgetary/Legal Basis Reporting
- GAAP Reporting
 - Changes and updates to year-end reporting instructions
 - ✓ Due dates
 - √ Informal question and answer session
 - ✓ Prior-Year Financial Reports Review

Schedule

Time: AM session: 9:00 a.m. – 11:00 a.m. PM session: 1:00 p.m. – 3:00 p.m.

| April 12 | Session 1 (AM) | |
|----------|-----------------|--|
| April 12 | Session 2 (PM) | |
| April 13 | Session 3 (AM) | |
| April 13 | Session 4 (PM) | |
| April 14 | Session 5 (AM) | |
| April 14 | Session 6 (PM) | |
| April 19 | Session 7 (AM) | |
| April 19 | Session 8 (PM) | |
| April 20 | Session 9 (AM) | |
| April 20 | Session 10 (PM) | |

Location

All classes will be held at the State Controller's Office,

3301 C Street, Sacramento, California. Enter through Suite 510 and follow the signs to the Conference Center, Room 512. Free parking is available in the state employees' parking lot.

Registration

Please complete the registration form at www.sco.ca.gov/ard/state and mail or fax it to the State Controller's Office by April 1, 2005.
All registrants will receive confirmation by e-mail, by April 5th. Also include on your registration form, any questions you may have so we can prepare to address them when you arrive.

Contact

Sheri Noss State Controller's Office Division of Accounting and Reporting (916) 324-8360 FAX (916) 323-6527

Year-end Financial Reports Review 2004-2005 Registration Form

| Name (Please Print) | | Work Phone | |
|--|--------------|--|--|
| Classification | | FAX Number | |
| Department | | UCM ORG. Code | |
| Division | | Interagency Mail Service Code | |
| Address (Indicate Room or Suite No.) | | E-mail Address (required for confirmation) | |
| City/State | | Zip Code | |
| Session No. (First Choice) | Session No. | (Second Choice) | |
| Please list the fund code numbers for which you prepare year-end | reports: | | |
| Please indicate if you require reasonable accommodations for this | training | | |
| Applicant's Signature | Date | | |
| Supervisor's Name (Please Print) | Supervisor's | Classification | |
| Supervisor's Signature | Date | | |
| Mail (or FAX) your completed registration form to the | ne address | below by April 1, 2005: | |
| Sheri Noss State Controller's Office Division of Accounting and Reporting P.O. Box 942850 Sacramento, CA 94250-5875 FAX (916) 323-6527 | | | |
| GAAP Questions: | | | |
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